

An Official Declaration of Attitude  
of the  
American Public Health Association  
on  
Desirable Standard Minimum Functions  
and Suitable Organization of  
Health Activities

AT the request of the Executive Board, a report adopted by the Association in 1933 under the above title has been revised for consideration by the Executive Board and the Governing Council at the 69th Annual Meeting in Detroit. This proposed revision, which now carries only the approval of the Committee on Administrative Practice, is published for the information of the membership.

I.

GENERAL CONSIDERATIONS

The people of North America have, for the past ten years and more, enjoyed a condition of good health not previously attained for any great population group of diverse races. This is not merely an accident of good fortune, not wholly an unearned asset of favorable climate or geography, nor a result alone of higher living standards than prevail in some other nations of Western civilization.

The consistent continuous use of the medical and associated sciences through civil government is largely responsible for the present high level of health among the people of this continent, their entire freedom from certain

pestilential diseases prevalent in former times, and the progressive reduction in the spread of epidemic disease still commonly experienced.

As a result of 75 years of practical experience, the basic principles of official health services are now everywhere recognized as necessary in any community of modern society. These have been accepted generally by the governments of the United States and Canada, and are universally endorsed by the several professions concerned.

The American Public Health Association, believing that the present high state of health of the citizens of the country is in a large measure the result of public interest in personal and public health developed through the work of state and local health departments, and believing further that a sound national health demands the continuation of state and local public health activities on a comprehensive basis, providing at least for the minimum essentials of health protection and promotion, has set down the following fundamental principles of program, administration, and organization, which may be used as a guide to health officers and other interested persons. These essentials as

expressed should be considered as minimum requirements compatible with the preservation and promotion of public health. The conservation of the public health has long been recognized as one of the essential functions of government. The protection and promotion of the health and the welfare of the citizens are conceded by all authorities on political science to be inherent duties of the modern state, although the obligation may be delegated in large part to its political subdivisions.

The American Public Health Association calls upon the appropriate legislative and executive officers of the national, state, and provincial authorities, and upon the rural and urban local governments of this continent to take such action as will secure the continued improvement in the people's health upon which alone permanent security and happiness of life is founded.

## II.

### SCOPE AND GENERAL POLICY OF PUBLIC HEALTH WORK

Remarkable advances in the medical sciences have increased the means of controlling disease. To be useful these measures must be practically applied. Some measures for prevention and control are applicable by the action of individuals alone; others will require action by government or by nonofficial organizations.

Great advances in knowledge concerning infectious diseases were made toward the close of the last century and provided the foundation for the application of measures which have prevented or greatly reduced a number of communicable diseases that have long afflicted mankind. Many of these communicable diseases are no longer numbered among the chief causes of death. Meanwhile, knowledge of the causes and of methods of diagnosing, treating, or controlling a number of other important diseases has steadily increased. New

knowledge may be expected concerning the disorders of nutrition, diseases of the heart and arteries, cancer, disorders of the mind and personality, and other major causes of disability and death. Application of this knowledge in the interest of the public health will depend upon its practicability and the extent of public support.

Health departments should be responsive to public demand. The scope and policy of public health work at any given time will depend upon the state of medical, sanitary, and related sciences, and upon the readiness of the public to support their effective use. Any formulation of the scope and the general policies of public health work must, therefore, be in terms sufficiently broad to include expansions made possible by developments in these sciences and in public understanding of their social usefulness.

With these considerations in mind, the following general policies may be stated:

1. A health problem becomes one of public concern when, because of its nature and extent, its solution requires organized group action.
2. The responsibility of a community for public health involves procedures that are community-wide in their application (as in the case of sanitary measures) and those intended to conserve the health of individuals who, for any reason, are unable to command health protection at their own expense.
3. Public health service may properly include not only well recognized procedures, such as those of sanitation, vital statistics, the prevention and control of communicable diseases, and health education of individuals, but also:
  - a. Needed services, unless otherwise provided, for individuals afflicted with certain conditions and diseases which have a wide preva-

lence, a high cost of treatment, and are amenable to organized effort, such as those already found practicable in the treatment under public auspices of mental disease, tuberculosis, cancer, pneumonia, and syphilis.

- b. Such responsibility for other medical care of individuals as may be delegated by legislatively expressed public policy to the health department rather than to some other branch of government.

#### RESPONSIBILITY IN REGARD TO CARE OF THE SICK

Various forms of tax-supported medical care are in operation for needy persons in many communities by the action of local or state governments. These systems are expanding. Many professional societies and lay organizations are also undertaking plans for the provision of medical care on a prepayment or insurance basis for self-supporting persons of small means.

Included among the obligations of the medical officer of health to the community is that he inform himself as to the facilities for the general care of the sick, their character and distribution, and that he make use of his position to see to it that any important inadequacies are corrected by appropriate action.

We believe that health officers should participate with other governmental and with voluntary bodies, particularly the medical profession, in planning for the improvement, coördination, and extension of medical facilities and services. Diagnostic facilities, treatment, and individual instruction in personal hygiene, through medical conferences and visits by public health nurses, should be provided by health departments for all persons needing such services and not in position to obtain them under conditions which make

their general utilization reasonably probable.

#### HEALTH DEPARTMENT AS A LEADER FOR ALL COMMUNITY HEALTH WORK

It is believed that a comprehensive and well coördinated public health program in any local community or state can exist only when the health department assumes the leadership in public health administration. The health officer is properly held responsible for the performance of such functions as are necessary to secure the maximum of health and longevity of which the people of his community are capable. This does not imply that all services for the protection and promotion of public health must be carried on as official health functions, but rather that the department shall recognize the need of services, participate in the planning, and insure the coördination of activities carried on by other agencies, official and voluntary, in an adequate plan of health service applicable to the entire community.

### III.

#### ESSENTIAL LOCAL PUBLIC HEALTH SERVICES

A modest but adequate health program for the people of North America can be guaranteed if the following basic principles of work are observed.

For all official health organizations operated under federal, state, or local authority, leadership and responsibility should be vested in a full-time trained health officer appointed on professional qualifications and secure against political interference or dismissal during competent performance; he should receive a salary equivalent to the net income of physicians or other professional men of equal training, and commensurate with the public responsibilities placed upon him; he should not engage in any other gainful occupation inconsistent with the proper conduct of his

office and should be required to give his whole time to its duties; annual appropriation for official health work totalling at least \$1.00 per capita of population served should be provided for the minimum activities hereafter described, and exclusive of medical care and hospital services; freedom for the health officer to select trained personnel for medical, nursing, sanitary, laboratory, and statistical activities from lists of persons of proved competence should be assured.

There should be in every state (or province) or city, a board of health or public health council serving (preferably without pay), to advise with the health officer and determine the general policies of the health department. The same principle is probably applicable in smaller local units, counties, or rural health districts.

This body should include physicians, members of other appropriate professions, and representatives of the general public.

The state, city, or other local health officer should be directly responsible either to his board of health, or to the chief executive of the governmental area concerned.

With such leadership and resources there should be undertaken a program of local health department activities which will include at least the following six primary functions of modern health departments, which should be directed by full-time trained experts responsible to the health officer, except where the organization is too small to justify such desirable specialization of personnel.

#### LOCAL HEALTH DEPARTMENT FUNCTIONS

##### A. *Vital Statistics:*

The collection, tabulation, analysis, interpretation, and publication of reports of births, deaths, and notifiable disease. This, the first public function upon which all competent planning for

health protection is based, is no more than the official bookkeeping of the human family within the political or governmental unit.

##### B. *Sanitation:*

The control of the material environment of man in the interest of human survival, comfort, and use.

The specific responsibilities in this respect include:

1. Safeguarding all water supplies, both public and private, commercial and household, so that the purity of the water for dietary, cleansing, or recreational use may be universal.
2. Securing the sanitary disposal of human and industrial wastes in a manner to avoid nuisance, and prevent the pollution of foods or water supply.
3. Supervision of the production and distribution of milk, and milk products, by licensing, inspection, and laboratory tests, to prevent the sale of any but a clean, wholesome pasteurized milk of standard food value.
4. Supervision of the production, processing, and distribution of foodstuffs, including shellfish, and of drugs and devices offered to the public for treatment of sickness.
5. Supervision of all places of human habitation to secure adequate light, air, water, sanitary necessities, protection from inclemencies of weather, and to prevent overcrowding of occupants. Also control over the environmental sanitation of public camp sites, swimming pools, bathing beaches, parks, and other public properties.
6. Control of mosquitoes, other insects, rats, and other vermin, such as may affect the public health.
7. Control over the environmental conditions of employment.
8. Control over atmospheric pollution by smoke, dust, and harmful fumes.

*C. Control of Communicable Diseases:*

Communicable disease control has always been and continues to be a basic activity of public health service. Health departments will fall in the confidence of the general public if they fail to prevent epidemics of certain communicable diseases. Practical application still lags far behind definite knowledge already attained which would enable physicians, public health authorities, and an enlightened public, working intelligently together, to make much greater progress in the control of many communicable diseases and to eradicate others as public health problems.

Specific responsibilities of the health departments include provision for the reporting of cases, the isolation of patients, and immunization of susceptible persons.

With regard to tuberculosis, syphilis, gonorrhea, malaria, hookworm disease, and epidemic diarrheas, there must be also systematic effort to find cases of infection not yet the subject of official report, and responsibility to provide diagnostic, consultative, and treatment facilities where necessary, and particularly for tuberculosis, x-ray service for diagnosis and review of progress, and sanatorium care.

*D. Laboratory Service:*

A well organized public health laboratory is one of the foundations of effective health work and is indispensable to an increasing degree for a wide variety of correlated public health functions.

Specific responsibilities of health departments include the building up and maintaining of a laboratory service which will provide assistance to practicing physicians and departments of health in the diagnosis of communicable disease. Such a laboratory will be an important factor in stimulating friendly relations between physicians and the

health department providing an expeditious and reliable diagnostic service. Control of foods and many other features of general sanitation depend for their effectiveness upon the skills and technics of the public health laboratory.

*E. Protection of Health in Maternity, Infancy, and Childhood:*

Beginning in social concern with the health status of the man and woman preparing for marriage, and continuing with supervision over the health of the expectant mother and carrying on with the protection of health of the new-born, the infant, the preschool and school child, and finally supervising the conditions of work and the fitness to work of young people even to the age of 18 years in some states, the health department deals with the important problems of human reproduction, growth, and development. Efficient conduct of services for the safeguarding of the health of mothers and young children materially reduces the burden of activities intended to control tuberculosis, syphilis, and other communicable diseases.

Whether school health service is provided by the department of health or by the educational authorities of the community, there should be formal provision for collaboration between these two departments of civil government to avoid duplication of services and conflict of authority.

*F. Public Health Education:*

Modern public health practice has shown how to prevent a large proportion of sickness and premature deaths. It is a responsibility of health departments to make this knowledge accessible to the average man, in a form that he can understand and make a part of his living. This may be accomplished through such channels as general newspaper or magazine publicity and per-

sonal effort with individuals by public health nurses and other professional and lay staffs, the distribution and publication of books and pamphlets dealing with subjects of personal and community health, through lectures, personal and group demonstrations, using lay and professional staffs, through pictures and exhibitions, the film, and the radio.

Many fields of preventive medicine can be cultivated, and effective progress made, chiefly or only after the public concerned have learned what they themselves can and must do in their own interest and through the services of the physician of their choice or through community agencies. Such campaigns of education as have been effective against tuberculosis, diphtheria, and syphilis, where official control is of great importance, have their counterparts in efforts to teach the people all of the facts they can understand about cancer, diabetes, heart diseases, nutritional diseases, occupational diseases, some diseases of mentality or personality, and especially about the care of the expectant mother and of young children. The public should understand both the extent of effectiveness and the limitations of modern medical, sanitary, and related science.

#### PUBLIC HEALTH NURSING

Throughout the work of the department of health in communicable disease control, in maternity and child hygiene, in public health education, and, in many rural areas, also much of the work for sanitation, depends for its effectiveness upon the services of public health nurses professionally directed.

Public health nurses, qualified to meet the standards of their profession, contribute materially to the work of each division in which they are engaged. In communicable disease control and in giving advice about food, rest, and health of children, their serv-

ices are effective and are welcomed. They interpret the directions of the family physicians and of the physician of the health department. Their organizing ability for community projects and coöperation can be relied upon.

#### RESEARCH

Maintenance of essential health services at a high level, and assurance of improvement in the critical analysis of all that is done in the public interest require that some of the time and attention of the personnel of each major division or activity of every health department be devoted to inquiry and research so that the health department will be a source of new and accurate knowledge of preventive medicine and public health practice as well as the agency through which long established facts of science are made practically effective.

#### RELATION OF PRIVATE PHYSICIANS TO PUBLIC HEALTH

The employment of a competent family physician to guide the household in health as in sickness is the best investment the private individual can make for health. Physicians in private practice are the major reliance of our people in the care of disease, and can be of essential service to their patients in applying the principles of preventive medicine to personal service. The public should be encouraged to demand and pay for preventive service from their private physicians.

Health departments should include in their educational programs efforts to develop a demand for preventive services rendered by private physicians. Participation by all private physicians in procedures of a personal and clinical nature recommended by the health department is indispensable in the interest of the health of the community.

Health departments should also be prepared to accept responsibility for

planning or for supplying needed preventive services for persons who are not able to pay for them on an individual basis.

In deciding whether a given health procedure should be conducted by the department of health directly or by individual medical practitioners or other agencies, the primary consideration should be the welfare of the community. Relative cost, relative efficiency, and the practicability of adequate supervision must be considered. Where these factors are reasonably equal, preference should be given to a program which decentralizes health procedures so as to enlist the private practitioner in their application.

#### IV.

##### STATE AND NATIONAL HEALTH SERVICES

Complementary to the proper activities of local health departments are the health functions of state and national government.

State health functions include at least the following:

1. Coördination and technical supervision of local health activities.
2. Financial aid to local health departments as required.
3. Establishment and enforcement of minimum standards of performance of work of health departments, particularly in respect to communities receiving state aid for public health.
4. Enactment of regulations dealing with sanitation, disease control, and public health, which have the force of law throughout the state.
5. Collection, tabulation, and publication of vital statistics for each important political or health administrative unit of the state and for the state as a whole.
6. Collection and distribution of information concerning preventable diseases throughout the state.
7. Maintenance of safe quality of

water supplies and controlling the character of the disposal of human waste for all communities of the state.

8. Establishment and enforcement of minimum sanitary standards for milk supplies.
9. Prescription of qualifications for certain public health personnel.
10. Maintenance of a central, and where necessary branch, laboratories for the standard functions of diagnostic, sanitary, and chemical examinations; production of therapeutic and prophylactic preparations, and their free distribution for public health purposes; establishment of standards for the conduct of diagnostic laboratories throughout the state; laboratory research in the causes and means of control of preventable diseases.

National, as distinct from state and local, health functions include at least the following:

1. Study of national health problems and planning of their solution as may be necessary on a national scale.
2. Meeting obligations under international treaties.
3. Control of communicable diseases in international and interstate commerce.
4. Administration of medical and health services on national property and for certain classes of federal employees.
5. Discovery of the causes and means of control of disease through organized research.
6. Sanitary control of interstate traffic and common carriers.
7. Control of foods and drugs in interstate commerce.
8. Assistance to states, and through the states to local areas, in the extension or improvement of their health services. This assistance may

- be either technical or financial, or both, as circumstances may require.
9. Central collection, tabulation, and publication of vital statistics of the various component political units (states or provinces, cities and rural areas).
  10. Establishment of standards of control of manufacture and sale of biological products used in the treatment of disease.

#### RELATIONS OF STATE AND LOCAL SERVICE

The Association believes that local authorities should assume the primary responsibility for carrying out the program here recommended since the major part of direct service to people can be most efficiently and economically rendered on a community basis. A permanent, efficient, and economic solution of health administration on a state-wide basis can come only through the organization of local (city, county, or district) health departments serving communities of sufficient size to make possible the employment of competent, technically trained executives who are responsible for the development of a sound comprehensive program, and who devote their whole time and energies to public health work. Such a department should include the medical, nursing, engineering, laboratory, inspectorial, and clerical personnel necessary to carry on a complete program.

#### STATE AID FOR LOCAL HEALTH SERVICES

Public health is a primary responsibility of each local community, but it is indispensable that there be authority

vested in the state department of health to assure people of all communities that the health in some of them will not be jeopardized by the inertia, incompetence, or neglect of local government in others.

Furthermore, public health problems are usually more than local and there is wide divergence in the ability of local communities to meet the cost of adequate health programs, and, since in certain fields there is need of the assistance and guidance from highly trained staffs, the Association believes that the development of adequate public health services throughout the country depends upon state health departments being equipped to stimulate and advise regarding local health work and to give a substantial amount of direct financial aid when necessary to such work.

#### NATIONAL AID TO THE STATES AND LOCALITIES

Wide divergence exists among the states as well as within the states in economic resources and in available medical facilities. These and other reasons form the basis for the recently adopted policies of financial and professional aid to the states from the federal government for organizing and maintaining public health services where needed, and for assistance in the education of professional personnel. Health services under state laws and local ordinances should maintain, as they do at present, the principle of the primary state and local responsibility for administration.